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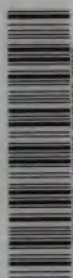
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YPNOTISM
AS A
THERAPEUTIC AGENT,
A Paper Read by Request
AT THE
TWENTY-THIRD SESSION
OF THE
Virginia State Medical Society.

September 13th, 14th and 15th, 1892,

BY
WILLIAM LEE HOWARD, M. D.,
OF BALTIMORE, MD.

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BALTIMORE:

THE AMERICAN JOB OFFICE.

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The man who, outside of pure mathematics, pronounces the word IMPOSSIBLE, lacks prudence.

ARAGO,
In his éloge of Bailly.

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INTRODUCTION.

Doctor—You see her eyes are open.

Gentlemen—Aye, but their sense is shut.

MACBETH.

The only apology the author has for putting this paper before the profession is the interest shown in the subject. Since writing an account of some of my investigations in psychology and hypnotism, articles that have been produced sporadically in various journals, I have been in receipt of hundreds of letters from doctors, scientists and lawyers, asking me for more details upon the subject. Hence I concluded to publish my latest paper upon hypnotism, adding a list of works upon the subject, which I hope will be found satisfactory, as I have been so frequently asked about the literature, especially modern literature, relating to hypnotism. It was my intention to give a more satisfactory physiological explanation, as well as to enter deeper into the subject, but as I found that my investigations

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would cover over a period of several more years study, I have made this tentative effort, hoping that the interest aroused would redound to the future knowledge and benefit of both reader and author.

Great gaps in conclusive facts will be noticed, because the writer does not feel justified in going beyond his own deductions derived from experience. If the reception of these few pages is such as to attract the attention of our progressive profession, the author will feel justified in placing a more pretentious paper before the public.

In the following pages I have given Prof. Gower's, F. R. C. S., explanation of the phenomena of hypnotism. It is but just to give another explanation here. Prof. Rudolf Haidenhain, of the University of Breslau, attempts to explain most of the phenomena by the physiological doctrine of inhibitory nerve action. While I admit that most of the phenomena can be explained physiologically, there remains a mass of facts which cannot be explained with our present uncertain knowledge of physiology. In view of this admission I will give a few of Haidenhain's

theories as transcribed by Prof. Crystal, Edinburgh University. Haidenhain groups the symptoms of the hypnotic state under four heads :

(1) Those referable to conditions of the sensorium or portions of the brain, which receives nervous impulses, resulting in a movement of a reflex and imitative character; (2) insensibility to pain, and various forms of perverted sensations; (3) increased irritability of the portions of the nervous centres devoted to reflex actions; and (4) states of the nervous centres controlling the movements of the eye, the accommodations of the eye to objects at various distances, and the movements of respiration, etc.

A person in a state of hypnotism may be regarded as in a condition in which the part of the nervous apparatus associated with conscious perception is thrown out of gear, without preventing the kind of movements which would result were it really in action.

A good example of inhibition is shown and is supplied by the innervation of the heart. Its rhythmic contractions are maintained by the nervous ganglia in its substance. Further it is

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supplied by the vagus nerve and by the sympathetic. Sections of the vagus is followed by quickening of the heart's action, and stimulation of the lower end causes slowing, and, if the stimulation be strong enough, stoppage of the heart, not however, in a tetanic state (which would be the case if the fibres of the vagus acted directly on the muscular structures of the heart, as a motor nerve), but in diastole. Opposite results follow sections and stimulations of the sympathetic fibres. It has been clearly made out that the terminal fibres of both nerves do not act on muscular fibres but on ganglion cells, those of the vagus inhibiting, or restraining, whilst those of the sympathetic "accelerate" the action of the cells. Inhibition is now known to play an important part in all nervous actions, and it would seem that any powerful impression in a sensory nerve may inhibit or restrain motion. This is strikingly seen in some of the lower animals. It has been ascertained that whilst the spinal cord is the chief reflex centre, the reflex activity can be inhibited by impulses transmitted to it from portions of the cerebral hemispheres which are in a state of high activity. It would appear then

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that if we suppose one set of sensory or recipient cells in the brain to be brought into a state of exalted irritability by the preliminary operations of hypnotism, the result might be the inhibition of the parts devoted to voluntary movements. In like manner, the activity of the sensory nerve cells may become inhibited. Thus stimulation of a certain cutaneous area, say the arm, by a mustard plaster, has been found to lower the sensibility of the corresponding portions of skin on the opposite arm. The theory then offered is that "the cause of the phenomena of hypnotism lies in the inhibition of the activity of the ganglion cells of the cerebral cortex,—the inhibition being brought about by gentle and prolonged stimulation of the sensory nerves of the face, or of the auditory or optic nerve."

As there is a legal side to the phenomena I have added a few facts for the reader to consider. As professional men we should look this subject fairly in the face, and at once stop all public demonstrations of hypnotism, as we would those of surgical operations or gynecological demonstrations.

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The practical and therapeutical uses of hypnotism can no longer be disputed, but its limits must be understood ; and its uses for harmful and injurious purposes plainly set forth. In these few pages I do not intend to discuss Prof. Berillon's idea of rectifying the preverted moral instincts of the young. Those who are acquainted with Prof. Kraft-Ebing's *Eine experimentale studie auf dem Gebiete des Hypnotismus*, must at once regret that in the famous Alice Mitchell case an expert in hypnotism was not called in to hypnotize her ; thereby getting at the truth of the matter.

HYPNOTISM

AS A

THERAPEUTIC AGENT.

BY INVITED GUEST,
WILLIAM LEE HOWARD, M. D.,
OF BALTIMORE, MD.

Upon no other subject connected with the science of medicine at the present day do such difficulties arise and confront one who is asked to speak, than that of hypnotism. The reasons for such difficulties are numerous and easily explained.

The general practitioner has not the time to enter into the study and investigation of modern psychical science, and therefore it is but natural that there should be a certain amount of credulity wanting upon this subject. The attitude of the general practitioner then, is expectedly one of hostility or indifference to all investigations or acceptance of facts. I do not ask for a ready acknowledgement, but for a critical examination. Remember, there are those in the profession to-day who doubt the reality of bacteriology. To those who care to have a plain and scientific explanation of how hypnotism is produced, and the subsequent effects caused, I say: I simply

make a clean mental plate, and on that plate project such images as I see fit.

At present, hypnotism is interesting our highest medical and scientific bodies the world over. Laws have been made regulating its practice in most of the foreign countries, and in a few days there will be a Chair, for post-graduates only, established at one of our greatest and oldest Universities. To follow the history of this psychical force from the statement about it in the *Odyssey*, through its various vicissitudes from its usage by the Egyptians, Persians, Greeks and Hindoos, its employment by priests, soothsayers and fakirs, and later, its investigation by Paracelsus; the famous trial of Anton Messmer, its acceptance by the highest medical authorities on the Continent a few years ago, and down to but yesterday, when the British Medical Association reported decidedly in its favor, would be interesting and instructive, but it is not my purpose to refer in this paper to these historical facts.

We have reached that age where bare scientific facts must be given, and these facts turned over, searched through, and examined with the cold, methodical habits of the scientist of to-day. Prof. Cooke says:

“The history of science shows that the age must be prepared before scientific truths can take root and grow. The barren premonitions of science have been barren because these seeds of truth fell upon unfruitful soil; and, as soon as the fullness of the time has come, the seed has taken root and the fruit has ripened—every student is surprised to find how

very little is the share of new truth which even the greatest genius has added to the previous stock."

In the famous trial of Madame Rogers, Jules Favre closed his argument in the following words:

"We are now in the presence of a phenomenon which science admits without attempting to explain. The public may smile at it, but our most illustrious physicians regard it with gravity. Justice can no longer ignore what science has acknowledged."

I object decidedly to the term hypnotism, as it implies sleep. As we shall see further on, in but few cases are we obliged to put our patients in a state of hypnosis, *i. e.* sleep.

In the following pages I have attempted to avoid prolixity and dogmatism, feeling tentative inquiry to be the genuine scientific attitude. I have also tried to avoid technical terms as much as possible, as the study of hypnotism has brought forth a nomenclature of its own, unfamiliar to those who have not made this subject a study. I only quote cases of mine that have been seen and verified by men of undoubted probity and scientific training, realizing that by a strict adherence to facts, and facts only, can we heighten our estimate of the psychical element in our nature, and obtain clearer views regarding the very real and potent influence of mind over body. Hypnotism is a curious chapter in psychology, and has already proven helpful to the science of mental disease, if not to therapeutics.

What is hypnotism? Gowers says:

"Hypnotism consists in such a change in the functional state of the brain as cuts off the higher

ones, leaving sensory and motor centres connected with each other, sometimes with, sometimes without some of the lower centres that subserve mental processes. In the hypnotic catalepsy, apparently, the inhibitory centres include all the structures that subserve psychical processes, and the lower motor centres are in functional connections only with the lower sensory centres. The higher control the lower, and uncontrolled, the lower passes into a state of increased action. The law seems to obtain throughout the central nervous system; the spontaneous activity of the motor cortex, unrestrained, is instantly manifested by the universal increase in the normal tone, obeying the laws of the normal adaptation, differing therefrom only in a degree. In no other way can we understand the essential features of the phenomena—the instant development of the cataleptic state, its universal distribution, and its unvarying degree, instantly reached—persistently maintained. It yields to passive movement by the moral mechanism, and it yields more slowly to the like effect produced by gravitations on tensions of the muscles that oppose the force. The motor centres, irresponsive to the will, are yet in such relation to the structures for sensation that they can respond to these, at least in certain forms of sensory actions; and although the spontaneous activity cannot be altered by the will, a ticking watch will cause a sudden change of posture due to a sudden induced alteration in the action of the cells, which remain, however, in the same state of spontaneous over-action. Still more remarkable is their susceptibility to cutaneous impressions of a gentle character, such as stroking the skin over the muscle, while a new train of thought is suggested by the fact that the spell of inhibition can at once be broken, and the normal state restored by the sudden stimulation of the respiratory centre that is effected by a puff of air on the face. Indeed, the phenomena of hypnotism demonstrate how different, and even

contrary, are the influences extended by sudden stimuli and by those that are gradual, or, more precisely, are destitute of the elements of suddenness.

"Hypnotic catalepsy thus confirms our conclusions, that the motor cortex shares the influences, and takes part in the mechanism by which the state of muscles is kept in accordance with the posture of the parts and movement they undergo. If these assumptions seem inconsistent with the opinion maintained in the first note, that the spinal cells are restrained by an unrestrained cortex, it should be remembered first, that the conditions are essentially different, and that the loss of cerebellar influence may make all the difference in the result. In catalepsy, the cerebellar relations are perfectly maintained, and the increased action of the cortex may reasonably be assumed to have the same effect in augmenting that of the spinal cells, as does its induced activity in a voluntary movement."

So far as it goes, this explanation seems reasonable, but it must be constantly borne in mind that the hypnotism, as spoken of by Charcot, differs essentially from that of Drs. Liebault and Bernheim, of the Nancy School. When Charcot speaks of hypnotism, he refers to certain manifestations of disease met with rarely amongst hystero-epileptics; whereas what is meant by hypnotism at Nancy is not a disease, but a method of treatment. The modern school makes suggestions the all-powerful agent in producing both the conditions and phenomena of hypnotism, and is, I believe, its dogma. But there must be that *rapprochement* or relationship between subject and operator so readily felt when it exists, and so difficult to explain. But there is another factor mixed up in the causes of the phenomena.

There are facts which prove the insufficiency of suggestion as an explanation. How can I account for the fact that, as a boy, I could hypnotize animals, even the lower animals, such as crabs and shrimps?

As I have stated before, I do not intend to take up your time by repeating the facts and cases as given to the profession by such well-known writers as Bernheim, Liebault, Tuckey, Moll, Kraft-Ebing, etc., but confine myself entirely to my own individual cases and experience, which, while not being so interesting, perhaps, will at least add somewhat to our, at present, rather meagre knowledge of this psychical force, misnamed hypnotism.

In producing this psychical phenomena, I begin by getting a slight hypnosis at first, the other stages of catalepsy, anæsthesia, and sonambulism being then produced as occasion calls for.

In proceeding to hypnotize, I generally use the following method: After being assured that the subject will put himself or herself *en rapport* with me, I ask the subject to look at my eyes, compelling him or her to give me their entire attention. When I find a contraction of the pupils, I suddenly clap my hands and press my thumbs against the pupils. Then I say, "You are sleepy; your eyes are tightening; your eye-lids are closed; they are closing, closing, tightly; now you can't open them—you can't open them—because I say you can't open them. There! Now, you will feel sleepy; now you are fast asleep." After seeing the subject is under my influence partially, I suggest to him that "Try as hard as you can—the eyes will not open." After finding that I have accomplished this condition,

I then begin to develop the suggestive idea. I say, "You are now standing, but you want to lie down." Then the subject will accept your suggestion, and you can begin to put him or her in any position or condition that you desire in order to accomplish a thorough therapeutical effect.

In the last six months, a great interest has been aroused regarding hypnotism ; and at present I am in receipt of letters from medical men from all portions of the globe asking me how the art, or science, or the knowledge, of hypnotism can be obtained. I can only say that I am unable to teach any one a branch of therapeutics that has puzzled our psychologists for several years past. I can only demonstrate facts, which are sufficient, but how to produce the effect that bring forth those facts is more than I am at present able to say. In the last sixteen months, I have hypnotized three hundred and eighty three people, under various conditions, and produced different degrees of hypnosis. At present, I find about three out of ten who are subject to hypnosis. Taking the three out of ten, I found somnolence in one out of three; deep sleep, one and one-fourth ; catalepsy the remainder. These various degrees of hypnotism are produced or developed according to the condition which the hypnotist wishes to produce. Contrary to the general impression, the feeble-minded, the insane, and the imbecile, are the hardest persons in which to produce any cerebral docility. Refractory subjects, as a rule, are hard to control ; but, once controlled, are easy to make subservient to your will. Patients in whom the mental suggestion is very well developed

respond to your will, however slight may be the idea of sleep that is given them. I have been able to hypnotize a patient by correspondence—for example, by assuring him that as soon as he has read my written order he will cease to have pain, or go into any condition I suggest that circumstances call for. Prof. M. Leigeois has been able to hypnotize his patients by means of the telephone, the patient accepting his suggestion, and his voice making the desired impression.

In parenthesis, I wish to state that hypnotism, as I use it, is only one factor in our armamentarium; and while great stress lately has been laid upon this psychical factor, I do not wish to be misunderstood, as this power is only one of the many elements in the treatment of various neurotic conditions. As chloroform or ether produced a radical change in surgical treatment, hypnotism is at present attracting the attention of all educated physicians; and where this power can be used without any danger, in cardiac troubles or nephritic complications, without the after-effects of the ordinary anæsthetics, it can readily be seen that when it is possible to produce it, it has, at present, nothing to take its place.

Hypnotism is as much superior to ether or chloroform at present, in my experience, as these drugs were superior to the old method, in which physical force was necessary to hold the patient down while crude operations were performed.

You are all acquainted with those operations done in India by Dr. Esdaile, where there were some forty or fifty cases all major operations, which were wit-

nessed by a committee appointed by the deputy governor of Bengal.

All the best modern cases are to be found in first-class medical libraries—and I feel embarrassed in being obliged to put before you facts without having time to show you that, while hypnotism is new to the medical profession in general, it is older than any therapeutical treatment that we are dealing with at the present day.

I am going to quote some of my best cases to you, and I hope those cases will convince most of you that we have reached a point where we must not ignore, but must study.

Morphinism, alcoholism, parturitions, hysteria, and especially masculine hysteria, are conditions which I find very much easier to control by hypnotism than by any other factor that I have knowledge of in our profession.

Unfortunately, at present, we have very few works published in the English language—except sporadic translations—upon psycho-therapeutics, although, undoubtedly, within the next two or three years we shall be able to show that America has at least turned its attention to this subject.

These cases that I shall describe to you, on alcoholism, morphinism, and onanism, etc., and one or two surgical cases, have been shown to the profession in Baltimore.

In alcoholism, I generally take my patient and at once produce a shock—such a shock that he does not forget me, and will not forget me; from that time I keep him in my hands. Now, every day I am asked,

"Doctor, will you teach me how to hypnotize?" That question is something I have never been able to answer.

CASE I. Young married lady, residing, at the time she came under my care, in Berlin, June 19th, 1883; been married four years.

"Hysterical and hyperæsthetic. Could make no physical or mental effort except under the stimulus of morphia, taking, on average, gm. 1.5 daily. Had gone through the ordinary treatment for the cure of such cases with only temporary benefit. Said she had rather die than attempt again to leave it off, even gradually. Will-power weak and generally uncontrollable; but she expressed *a great desire to be cured*, but was afraid to try and leave it off even at a very slight reduction weekly. She knew it would land her in a mad-house. (Note.—I might say here that I did not get any of her history until after I had, unknown to her, gotten her will subservient to mine, at the request of her husband. She knew nothing about hypnotism at first, but was delighted that hypnosis could be produced; and instead of horrible dreams, and the knowledge of the torture to follow, should she not resort to her morphia, could have, at any time, quiet and restful hours.) It was a hard fight for several days before I could control absolutely the dominant physiological cry for the system's abnormal but accustomed pabulum. When the patient was verging upon the mania due to the decreasing of the dose of the drug and increasing the intervals of taking it, the hypnosis would last but a short time; but day by day I obtained better control of the will, until I could leave her in a hypnosis lasting several hours; thereby tiding over one or two of the customary injections. This continued until I was able to give post-hypnotic suggestion, and at the present time she is free from all desire to return to the quondam habit."

CASE II.—Young married lady, aged 29 years; when first seen at Southampton, England, was taking morphine hypodermically gm. 2.5 daily; also alcoholic stimulants, on the advice of her physician in Paris, who had been trying to cure her of morphinomania, as had also several London physicians. She was normally a highly neurotic person, and exhibited mono-symptomatic hysteria, with at times some of its general symptoms, as insomnia, anorexia, dyspepsia, and neuralgic effections, since 12 years of age. She had tried reducing the doses daily, and before she had become such a slave to the drug had, of her own will, left it off suddenly. But the horrible torture she underwent in both cases was more than she could bear, and she returned to her nepenthe. She was willing to give up the habit, if it could be done without repeating these old tortures—otherwise, she would prefer to remain and die a morphinomaniac. The question now arose, “Is she a good subject?” for remember, subjects are difficult to find at random. The second time I saw her I produced a slight hypnosis, and upon informing the family that I thought I could cure her, they readily consented to place her in my charge. It was a hard fight at first, the hypnosis not lasting over an hour at a time, and would have to be produced again, or the pitiful cries for morphine or brandy would come, and the foundations of the cure would have been pulled down. Gradually she became a good subject, until I could produce a hypnosis lasting seven or eight hours. All this time I was giving small doses of the bromides. By suggestions, after I had gotten her into a “mere state of passivity,” she would eat heartily; and after two months of eating and sleeping well without any stimulants, with the promise to see her at any time should her “state of passivity” not last, I returned her to her friends a different woman.

CASE III.—Young woman; had been a subject of mine about ten days. Was a morphinomaniac. Had produced a large gluteal abscess by puncture with a foul needle. Opened, drained, and dressed the abscess while she was in the hypnotic state. She complained of no pain, and said she was singing for me in the cabin of the steamer. This was not due to auto-suggestion, but I had placed myself in direct relation with the subject.

CASE IV.—Young married woman, taking two quarts of brandy a day, and any other stimulant she could obtain. Had kept her from her old habits fairly well, but was unable to see her as often as was necessary. Not having seen her for some weeks, she surreptitiously obtained a quantity of brandy and returned to her old habits. Delirium tremens came on suddenly, and several local physicians were called in. I was telegraphed for, and when I arrived found her in a raving delirium. As I opened the door to her room, where she was smashing up things generally, she gave one look at me, stopped her ravings, and at my suggestion lay down upon the bed and slept calmly for eight hours. I was able, for the first time in this case, to give her post-hypnotic suggestions, and from the time of awakening up to the time of writing, castor oil is more agreeable to her than brandy.

CASE V.—Mrs. S., a young married woman, aged 17 years, had miscarried about three months before she came under my care. She had been treated at the time, but gave a history of retained secundines for ten days. She was suffering so much pain, and was so sensitive to the touch, as to make any thorough examination without the use of anæsthetics impossible. I decided to try hypnotism, and after three trials developed a good subject. The experiment was so successful that I have concluded to use it in these

cases whenever possible. I found in this case a generally disorganized condition of the pelvic contents, which required surgical interference, and was able to work unimpeded and assisted by the patient.

Hypnotic suggestion will enable you to have your patients place their body or limbs in any position you desire, and they will remain so until by suggestion you change their positions. In fact, you are able to do without a number of assistants. I had one patient who would, while being operated upon, assist in handing instruments, and even in sponging the wounds at my suggestion, while, of course, being perfectly unconscious of the fact that he was himself the one being operated upon. The one great advantage hypnotism has over anæsthetics is the avoidance of the disagreeable after-effects, for the patient awakens as from a sound sleep. We also avoid all danger. This case of Mrs. S. was shown to a number of the leading medical men here, who made all possible tests as to her condition of complete anæsthesia. I might add also that she was suffering greatly from insomnia. For this I would will her into a sound sleep at regular hours, the sleep to last from eight to ten hours. Finally, I could from my office, some two miles from her residence, will her to sleep.

CASE VI.—L. R., aged 17 years. First came under observation in Paris. He was a page in a hotel. Seeing him several times a day, I soon found that he could be easily endormed. He complained of an ingrowing toe-nail. Putting him into a state of hypnosis, I found a very ugly toe, upon which I operated with ease to myself and unconsciously to the boy.

CASE VII.—B. B., my office boy, aged 18 years. He is like a piece of clay in my hands, and offers so good a demonstration of the power of hypnotism, that I have shown him before the profession here. To relate my various experiments with him would not be in accord with the purpose of this paper. Some of the experiments would read like fairy tales had they not been witnessed by responsible medical men. The only therapeutical use I have made of it with him was in seasickness. He suffered greatly coming out to America, and after allowing him to be sick for a day, so as to give it a fair test by the method of suggestion, I completely effaced any inclination to its return.

CASE VIII.—This is a very interesting case from several points of view. Joseph B., lawyer, aged 40 years, a very highly educated man, who up to a few years ago, enjoyed a large and lucrative practice. Had been a temperate man up to his thirtieth year, when he began to drink moderately. It is the same old story—practice gone, friends lost, money squandered, self-respect nil. Doctors and asylums had been tried for years with no success. Hopelessly, yet as a last resort, he was sent to me. Fortunately he proved a good subject. By suggestion I made him so weak that to move from his bed for six weeks was an impossibility. Meanwhile I would suggest hunger, and was able to nourish him rapidly. During the periods of craving for liquor, I would put him in a state of hypnosis and tide over the period, giving him liquid nourishment, which was taken with the same gusto as would have been a cocktail. After six weeks of this treatment, I would offer him liquor, suggesting the most disagreeable odors and tastes, and the glass would be thrown to the floor in disgust. Eighteen months have passed since he has tasted liquor; he is rapidly regaining his practice, and is now the pride of his family.

I do not state this case as a cure, as the time is too short to lay any great stress upon it; but I do not believe the patient will ever return to his old habits again, especially if I retain my present power and can see him frequently. A prominent factor in this case is that there is no family history of alcoholism.

I have found hypnotism useful in allowing painless parturition; also in nymphomania, but particularly in morphine habits.

CASE IX.—Dr. W. B., aged 30. Came to me from Nebraska to see if he could be cured of the morphine habit. On his arrival, fifteen months ago, he had been a habitue of the drug about five years. Was taking at that time about thirty-five grains a day. After being on terms of friendship with him for a week, carefully noting his physical condition, habits, and temperament, I put him to bed, and took every precaution to see that he could not obtain any of the drug. Then I remained in his room and carefully developed the hypnotic idea. When the request for morphine would come, I would suggest that the craving had gone. By this continued suggestion, and a state of hypnosis, I carried him over the physiological crisis. If he suffered too much, I would place him in a normal sleep to last several hours. As in all these cases, I suggested hunger—when necessary, giving him such food and tonics as the case called for. In two weeks, I had him well nourished, and allowed him to get up and go out. For the next six months I kept daily watch over him, and carried out the suggestive idea. While this case can hardly be stated as a cure, yet he has now no desire to return to the drug, yet it is constantly brought in contact with him. I hope in future years to pronounce this a certain cure.

CASE. X.—This case is a very interesting one as showing the limits of hypnotism, also as demonstrating the fact that unless the physician is able to be in constant hourly attendance upon his patient he is certain to make a failure. It also shows why the busy general practitioner can not undertake these morphine cases. The history will explain my meaning.

Samuel B. P., young man, age 28, well educated, and had been for two years a student of medicine, his last work being that of an interne at the Maryland University Hospital, which position he was obliged to give up when morphine got too great a hold upon him. He was brought to me by several physicians, at which time he was taking about gr. XL daily, hypodermatically. This had been going on, varying morphine with cocaine, for about four years. He was very low when I first saw him, and being a man of very active mind naturally, was depressed to the point of self destruction if he could find no relief. Having perfect faith in the fact that if hypnotism could not break the habit nothing could, I found him very susceptible. I soon discovered, however, that the suggestion would not last but a few hours, and unless I could be constantly with him he would either become dangerously insane or go back to the drug, after which I would be able to do nothing for him. For two weeks I never was away from him but once, and that in the first few days, after I thought the hypnosis would last until my return. But not so. I was summoned to find him in a delirium, having come out of the hypnosis, and four men attempting to hold him down. At a word from me he went off into a quiet sleep, and from that time I never left him. I brought him down to gr. x the first day, v gr. the second day, and from that time up to the present writing he has not touched the drug, although he has had ample opportunities. He had scarcely been able to eat or retain any solid food for nearly a year; but after putting

him into the second stage of hypnosis I would make post hypnotic suggestion regarding the food I thought he should have, and upon awakening he would invariably ask if he could have what I had suggested (unconsciously to him) to eat. A curious but pleasing feature of this case was his absolute faith in me. If he felt a little nervous he would invariably call for me and say: "Doctor, I feel chilly and nervous, tell me to be warm and sleep." An order which he instantly obeyed. Also during the first few days regarding a tendency toward vomiting, if he felt he could not retain his food he would call me and at my suggestion he would feel an entire absence of the nausea. I might go on further giving these interesting details, but these are sufficient to prove my case. I still keep track of the case as is my custom, and occasionally hypnotize him to make the suggestion more powerful.

CASE XI.—Mr. K., man sixty years of age, foreman in an iron foundry. Fractured upper third of humerus, I was called to see him about twenty-four hours after the accident. He was severely bruised and was very sensitive to the touch, the least movement causing him to cry out with pain. Hypnotised him and produced local anæsthesia. Reduced the fracture without his feeling the slightest inconvenience.

The value of hypnotism in insomnia is well illustrated in the following case: Mrs. M. primipera, had been suffering from insomnia for several months. The ordinary hypnotics had been given her by her family physician; but even the increasing doses failed to give her the needful rest. I was requested to see her, and found a good subject. The second time I saw her I suggested a good night's rest. The suggestion was made at 10 o'clock P. M. I told her she would sleep until 8 o'clock A. M. Upon seeing her the next day she informed me that she had had a refreshing sleep; the first in many months. After a week of these

suggestions she had broken off the insomnia and at the time of writing is getting her normal rest.

This brings me to another phase of the subject. I was called in to see a young unmarried woman, Miss P, she had been suffering from insomnia, and what Charcot defines as hystero-epilepsy. After repeated trials I completely failed to produce the desired effect and was convinced that further investigation would reveal the source of the trouble; for she was a very willing patient and a firm believer, as I had given great relief to a friend of hers. I did succeed in getting some unilateral disturbances so characteristic of ovarian diseases that I examined those organs for the trouble. There was, as I had suspected, disease in the left ovary, which was remedied by the knife.

In dentistry, allowing the painless extraction of teeth, hypnotism has no equal. Dr. Twilley of Baltimore, with several professional friends, came to my office one evening to test the total anæsthesia produced in a patient under hypnotic influence, who had suffered from severe toothache for some time. Placing the patient in a chair I immediately put him into a deep catalepsy. Then I said, "Dr. Twilley go ahead and extract the tooth." He approached the patient and said "open your mouth, please." Not getting any response he attempted to part the jaws but found them rigidly fixed. After several of the other gentlemen had tried to get some sign of consciousness without any success, I said in a decided tone of voice; "Now, open your mouth wide." He immediately obeyed. Then Dr. Twilley taking his dental forceps went to work. No gentle hand manipulated those forceps, and if ever a man attempted to torture another, Dr. Twilley certainly deserves to be entitled to that credit. After the tooth was extracted I brought the subject out from the hypnotic state and asked him if he still desired the tooth out. "No, Doctor, I think not now,

it does not pain me." "Well, here it is" said Doctor Twilley holding the big molar up still grasped in the forceps. The look of surprise shown by the patient was something never to be forgotten.

In acute inflammatory rheumatism I have several times attempted to suggest the absence of pain but with very unsatisfactory results. In the case of Mrs. S. (case V.) Dr. Atkinson, Dean of the Maryland University, Drs. Finney and Baltzell of the Johns Hopkins Hospital, Prof. Renouf of the Johns Hopkins University, Prof. Coale, Drs. Wise, VanBibber and Kinley, made all possible tests as regards her being in a condition of total anæsthesia. The reflexes as is usual in such cases, were exaggerated, unless I desire to totally abolish them.

One of the first things I do when I wish to operate, or produce a normal sleep, is to bring down the heart beats and rapid respirations at once to the normal conditions. One always finds rapid respiration and pulse when the subject is first hypnotized. *Never neglect to put them in a normal condition before leaving the patient.*

I have several cases of *alcoholism* on hand of the worst type—those that have tried drugs, institutions, and a much-advertised treatment, which it would be undignified to mention. From the moment I can produce a slight hypnosis in the patient, I can generally stop all desire for drink. If all patients could be hypnotized, we should be somewhere near the millenium ; but unfortunately the proportion is small. The patient must be willing to place himself *en rapport* with the operator, and when he honestly does so, and no effect can be produced, I refuse to treat him. I have had many failures in attempting cures

by this agent. One complete failure I will quote as showing that hypnotism has its limited uses:

Dr. Chunn called me to see a patient who had suffered from incessant vomiting for months. I found her in a very low physical and mental state, and felt sure that she had some organic trouble which could only be cured by surgical means. To satisfy Dr. Chunn as well as myself, I went to work upon her, and after exhausting myself without any effect, gave it up. She died in a few days, and I believe the diagnosis was ulcer of the stomach.

This reminds me that the effect on the operator is very severe, and continually kept up on several cases without mental rest, in myself has produced some very injurious conditions. After demonstrating the various conditions of hypnotism upon several cases, continuing several hours, before a number of the profession, I arose from my table, pitched head-forward, and remained in a cataleptic state for several hours. Under the same conditions, without rest, I have acted like one under the influence of liquor or a drug. Of course this was due to attempting too much at one time. In individual cases, or especially in those cases in which you wish to produce simple anæsthesia for surgical operations, the effect is nil. Dr. Osler writes me in the following words: "It is a two-edged sword, and needs careful handling." I have shown how it affected the operator when he was regardless of his own health; I will now show you a case where it cut on the other side, the patient's; but indirectly this was the fault also of the operator, who wished to make an experiment.

CASE XII.—B. B. was the subject. Dr. Wilmer Brinton, desiring to see a demonstration, called at my office. After showing him all the conditions, I told him that a subject could be given any criminal suggestion, and it would be carried out. Calling the subject to me, I said, "You see that old man on the corner?" "Yes." "Well, I want you to go up to him and steal his gold watch and chain and bring it back to me." Quietly and cunningly engaging Dr. Briton in conversation, he neatly abstracted the watch and chain, and gave them to me. I told him to keep them in his pocket. Then I told him to sit down. I at once brought him out of this state, and Dr. Brinton asked him for his watch. It was really sad to see his expression and hear his protestation, and when he found the watch, was dumfounded. Having known Dr. Brinton, he at once left the room without saying a word. Here is where I made a mistake. I should have given him a post-hypnotic suggestion while he sat in the chair, telling him when he woke up and a watch was found in his pocket that it was all right. I left the office for a half hour, and upon returning, found him rigid on the floor, but protesting he did not steal the watch. My family and Dr. Gorter were strenuously trying to bring him out of this condition, but of course, with no success. At my command he jumped up at once and went down stairs. There he had another attack, and I was finally obliged to stay with him and put him into a normal sleep, during which I suggested that when he awoke he would forget all that had occurred. The suggestion was successful. This was a valuable lesson to me.

I certainly desire that all public demonstrations of hypnotism should cease; and laws enacted allowing only reputable medical men to practice it. I agree with Liegois that hypnotic subjects can be made to commit any crime. I will not say all subjects, but a

large proportion, and for this reason I believe in instructing our law-makers in the facts: and he who disputes a fact, is a subject for instruction, not argument.

All the articles upon the legal aspects of hypnotism with which I am acquainted, view it from the standpoint of the civil law; and as this differs so radically in its principles and rules from the common law of England, I approach the subject with great diffidence.

When the existence of hypnotism has been fully demonstrated, not only to the satisfaction of medical men, but to that of the laity, we are confronted by the problem as to how it is to be treated by the legal tribunals, both in their criminal and civil jurisdictions.

This is the gravest of questions, and I can frankly say that for some of the problems which occur in this connection, I can find no satisfactory solution, and conclude that the law-makers can only enact such legislation as the general consensus of medical opinion shall, from time to time, recommend, until guided by experience we shall be able to evolve statutes dealing fully with the various phases of this recondite subject.

In discussing the question from the standpoint of criminal law, we are confronted with two great questions; first, the responsibility of the hypnotizer; and second, the responsibility of the hypnotized. To the first question the answer is very simple. The hypnotizer occupies a position akin to that of an accessory before the fact, who, under the common law of England, is equally guilty with, and is punished as a principal; but in the case of a crime committed by one

under hypnotic suggestion, the guilt of the hypnotizer is increased. In the case of principal and accessory, there are two wills acting in unison; but in the other, the will of the hypnotizer stands alone in the guilt, and if the crime was murder, his position is precisely that of one who lets loose a wild beast upon his victim, knowing that the nature of the animal is such that he will surely kill.

From what I have said on the first question, it follows as a corollary to the proposition that the second question is answered by saying that the responsibility of the hypnotized is no greater than that of one who is *non compos mentis*; but this broad generalization requires to be somewhat qualified, and in this connection I desire to note my dissent from Albert Moll in his sweeping condemnation of the view of Desjardins, "that a person who commits a crime by hypnotic or post-hypnotic suggestion is punishable, because he might have foreseen the possibility of such a suggestion." This language is, from a legal standpoint, objectionable, in that it is vague and liable to misconstruction, but with certain qualifications, it can, I think, be fairly endorsed. If the party hypnotized knew previously that the hypnotizer had this power, and was a man of criminal habits or inclination, and that he himself was subject to the hypnotic influence, and yet, while in the full possession of his will, he placed himself in such a position as to be within the scope of the hypnotic influence, I am strongly inclined to the opinion that a certain degree of legal responsibility attaches to him for any crime he may commit, either under the influence of hypnotic or post-hypnotic

suggestion, though to what extent he should be punished, I am not prepared to say; but his position might be fairly held to be somewhat analogous to that of an engineer by whose carelessness a passenger was killed—the absence of criminal intent being the same in either case. If, of course, the one hypnotized had caused the criminal act to be suggested to him, the guilt of both parties would be equal.

Now, having fixed the status of the hypnotizer and the hypnotized before the criminal law as to their respective responsibilities, we come to what I regard as the most difficult problem to solve: How is it to be demonstrated that a given crime was committed by a prisoner while in a state of hypnosis? Such a defense might be easily interposed, and while evidence might properly be introduced in a homicidal case to show that the prisoner had no motive to kill the deceased, but that A had such a motive, and that A possessed the hypnotic power, and that the prisoner was subject to hypnotic influence, and while such evidence might raise in the minds of the jury such a reasonable doubt, that they would be forced to acquit the prisoner; yet, when the picture is reversed, and we see A placed at the bar, the prosecution is beset with such difficulties under the present rules of evidence, that I do not consider that it would be competent for the prosecution to prove the responsibility of A, by showing that he had exercised the hypnotic power over B at other times, any more than it would be competent for it to prove the guilt of a prisoner by showing that he had been guilty of similar offences at other times, which evidence is always inadmissible

except in rebuttal, where the defense has offered in chief evidence tending to show the previous good character of the accused; and while such evidence would undoubtedly tend to carry moral conviction, it would nevertheless be legally inadmissible. The law deals, particularly in its criminal jurisdiction, with facts—not with probabilities—and the evidence must be confined to showing, that in committing the crime, the one striking the fatal blow was acting under either hypnotic or post-hypnotic suggestion, and that the prisoner was the actual hypnotizer, and ergo responsible.

Another point which occurs to me is the difficulty which might well arise from the trouble in getting the person hypnotized to testify in the presence of the prisoner. Might he not, by the exercise of his power over the witness, prevent him from testifying, or render his testimony worthless? Yet it would not be possible to remove the prisoner and then examine the witness, for by the inexorable rule of the common law, every man is entitled to be confronted by the witnesses against him, and no trial can go on in the absence of the prisoner, so that if the prisoner escapes during the trial of the cause, the trial must stop—the common law knowing nothing of any such proceeding as a trial *in contumacian*.

Having suggested these difficulties, I regret that I cannot, at least in the present state of the law of evidence as laid down by Starkie, Greenleaf and Wharton, see a remedy for them. The discussion in some works of the value of the evidence to be obtained from a prisoner by hypnotization need not

be adverted to here, as the common law does not permit the atrocious practice of interpellating a witness as practiced in countries governed by the civil law.

The liability of the hypnotizer and the hypnotized, civilly, is much simpler in actions *ex delicto*; both would undoubtedly be liable in damages to any one injured, but the hypnotized would, in my opinion, recover a judgment against the hypnotizer for any amount of damages which might have been recovered from him by the person injured.

It must be borne in mind, that under the common law the state of a lunatic is responsible in damages for any injury committed by a lunatic. In actions *ex contractee*, there again is not so much difficulty. If the charge of hypnosis is made at the time of giving a promissory note, cheque, etc., in a suit brought to recover upon such an instrument, the burden of proof is upon the plaintiff to make out his case, and to show, if it is denied, the consideration for the instrument; if it is in the hands of the original payee, a large amount of evidence, which would be inadmissible in criminal proceedings, would be entirely competent before a civil tribunal, as the jury do not have to find the case proved beyond a reasonable doubt, but only to weigh the evidence, and decide according to its preponderance.

In conclusion, I would only add that in my opinion some radical changes need to be made in our criminal procedure in cases in which hypnosis is alleged; but our civil tribunals can deal with it under their present rules.

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